



4
1875

TO THE
PRESIDENT AND GOVERNORS
OF THE
C
RADCLIFFE INFIRMARY.

MY LORD DUKE, AND GENTLEMEN, —

In acknowledgement of the Minute made at a Meeting of Governors, drawing the attention of the Medical Staff to parts of the '*strictly confidential*' Report addressed by Mr. Radcliffe to the Committee of Management, and printed and circulated by their order, I have the honor, — as one of the Medical Officers, — to submit the following remarks.

The notice taken of the Report at that Meeting was irregular. The Meeting being held by adjournment from the Quarterly General Court of January, for the special purpose of receiving the opinion in writing of the Medical Staff, upon the question of the new wards about to be built, it was not competent for the Governors assembled there to enter on any but

the special business which the Quarterly Court at its rising left to them. All the proper business of the Court had been ended at the former Meeting on the 16th of February, to which day the Court had been adjourned. If it had been supposed that any subject would be brought forward, but the special business of which notice had been given, it would have been in the power of other Governors to attend and take part in the proceedings, with — it is not unlikely, — a different result as regards the Report. The opportunity was not given them to do so.

The Report might have been dismissed with the remark that the writer, not having succeeded in the purpose for which he was employed,—

‘Any attempt to unravel the respective influence of direct contagion, infected wards, or general sanitary state of the Infirmary or of the several wards, at this period of the prevalence, would be hopeless :—

‘It is impossible to state the respective parts played by this condition and by infection, in the development of the different cases of erysipelas :’ —

discusses at great length matters on which his opinion was not asked, — though, as might be expected, in some degree of doubt and uncertainty, being without ‘a knowledge of the intimate working of the Infirmary, which is not to be gathered from a brief enquiry like this he has been engaged in.’

The enquiry, of which the Report is the result, was made by a Stranger, invited privately,—as I have before pointed out to you,—by four Members only of the Committee of Management, in defiance of the Order of a General Court of Governors, which directs that all Medical or Surgical enquiries shall be referred in the first instance to an especial Medical Committee.

The number of cases in six months of the past year, in which Patients 'admitted for other forms of disease or for injuries, had been attacked with erysipelas,' and the number of cases in which a Patient 'had died in consequence of the super-induced malady,' are assumed in opposition to the written statements of the Medical Officers who had the charge of the Patients,—the Officers, consequently, who alone are able to give correct information on the subject of their cases. From the Reports addressed by them to the Committee of Management, it appears that the number of such cases was not more than twenty-three, and that the death of the Patient from the effects of erysipelas, happened in only one of the cases.

Governors will, I think, be of opinion, that it was the duty of the Chairman of the Committee in his

official communication with Mr. Radcliffe, to see that he was properly supplied at the earliest moment,—or, at all events, before he began to write his Report,—with a copy of these important documents. It need not be a matter of surprize that an Officer of a Public Board, accustomed to a regular and methodical mode of transacting matters of official concern,—not having so received the Reports of the Medical Officers,—does not refer to them in any way; but that he has drawn his Report from the imperfect materials supplied through the Committee. Whether this was a course likely to gain their confidence, Governors will form an opinion for themselves. Whether it was right for a Professional man engaged in such an investigation, to pursue it without the concurrence of the Medical Officers, may be left to the judgement of his Professional brethren.

Mr. Radcliffe refers,—without authority from the Medical Officers,—to certain other cases which ‘there seem to have occurred’ in 1873, ‘for which year he has recovered some of the facts.’ We are not told from what source the Committee derived them. The Patients are not named: no clew is given, by which the cases can be traced by the Medical Officers, and *all* of the facts recovered.

We are told, — for the first time I believe, — that ‘the Attics were not originally designed for the reception of Patients.’ A visit to the Attics, and an examination of the wards themselves, and of their connection with the Operation Room, will, I think, lead an observant visitor to doubt this. We are not told where the Committee obtained the evidence they furnished as the authority for the statement. Whatever the prevailing theories of ‘overcrowding,’ ‘insufficient ward-space,’ ‘air-space,’ ‘bed-space,’ ‘cubic space,’ ‘floor-space,’ — the Committee have long been aware that the Surgeons, with the best means of observing, have no reason to be dissatisfied with the progress toward recovery of the Patients under ‘treatment of serious surgical cases’ in those wards, or with ‘the provision for ventilation in the Attics.’ It has been, indeed, a matter of observation that, when a person enters these wards the first thing in the morning after being shut for the night, there is less evidence in them than in others of closeness, or ‘unwholesomeness,’ — if one sense (that of smell,) may be taken as the test. There is not any evidence, as far as I have examined the existing records of the House, that the Attics were ever ‘designed,’ or used, for any purpose but wards for Patients: they were certainly in use as wards before February, 1778.

There is not, I venture to submit, any more authority for the statement than for a similar statement we have heard of the wards on the ground floor, — Bagot and Drake. These are mentioned in the Register of Minutes as being in use as Wards in less than twelve months from the time the House was first opened ‘for the reception of Patients.’

Among the errors, which might have been avoided by an examination of the Reports of the Medical Officers, reference is made, — among other cases, — to that of Thame, in whom an abscess was opened, — ‘(date not recorded.)’ The date was recorded by me the day the operation was done. If it was of importance enough to be noted, and attention directed to it, the proper course would have been to ask me for the date. The man, it is added, ‘had been attacked with severe erysipelas’ on the 8th of September: — the fact being, as stated correctly in an other part of the Report, that the man left the Infirmary on the 12th of August. The case was not one of those which I define as erysipelas. — In the case of Dix, the particulars of her case, and of the cause of her death are given in the Report I made to the Committee. She had not ‘hæmorrhoids;’ nor

did she die from erysipelas. — Of Constable, in whom erysipelas appeared after amputation of the leg, we are told that ‘the attack was a very severe one.’ In my Report to the Committee I stated that the attack was not severe, and that the healing of the stump went on without interruption. — Day’s case was not one of erysipelas. The cause of the man’s death is stated in my Report to the Committee. — In Sheppard’s case, — though mentioned correctly as one of erysipelas, — the Patient’s death was not from the effects of that disease, but from an other and a more insidious cause, as stated more fully in Mr. Briscoe’s Report to the Committee.

It is worthy of note that, in ‘a study of all the phenomena of the prevalence,’ no reference is made to the agency of the weather, and the connection of atmospherical changes with the production and spreading of epidemic and contagious diseases, — an influence, moreover, which would be ‘operative’ upon every ward and every person in the House. The materials for an enquiry are close at hand, — at the Radcliffe Observatory. The Committee would have obtained them, I am sure, with the readiness and courtesy, with which, — I take this opportunity of acknowledging, — I have obtained them myself, from

the present Observer, Mr. Main, and, on a former occasion, from his predecessor, Mr. Johnson.

Though it has no connection with the subject he had himself undertaken to investigate, Mr. Radcliffe refers to 'an official enquiry' made by 'his colleague Dr. Buchanan.' The Committee could have told him that, as far as the City of Oxford was concerned, many of the Residents know that the enquiry was of a private nature; that no public notice was given of the visit, or of the intention to make an enquiry; and that the statements made by Dr. B. upon the subject of the water supplied to the inhabitants were publicly contradicted at the time by those who were best able to judge of them. 'There is no reason to suppose,' — it is satisfactory to find Mr. Radcliffe adding, — 'that the water-supply, derived from the public service of the City, contributed to the outbreak.'

Among matters of domestic arrangement, to which the Medical Officers have not made any objection, are the light curtains at the head of the beds. The use of them, Mr. Radcliffe considers one of 'the conditions which admitted of infection becoming an active agent in the diffusion of erysipelas within the wards;' and he dismisses the curtains with a nick-

name, — ‘infection-traps.’ The Members of the Committee could have told him, — for it is within their knowlege, — that the one ward which has always been without curtains is the one best known to them for the ‘unwholesomeness of the ward,’ and for the frequency with which it has been necessary to have it ‘vacated for cleansing,’ as well as for the general want of success in removal of the ‘infectiveness,’ or ‘persisting infection’ of the ward.

If ‘isolation,’ ‘systematic isolation,’ — a new term, and not defined with exactness, — is to be taken as meaning, ‘stringently applied,’ the collection in one ward of all the cases at one time in the House of a disease liable to spread by contagion, it is not in any sense to be considered the proper way of doing what the Medical Officers have more than once recommended. Such a concentration in one ward is not a safeguard to the Patients, or to the Attendants. It is a heaping together of the materials of contagion, causing ‘pollution of its atmosphere,’ and ‘fouling it to a most injurious extent.’ The removal of each Patient from the wards, and the separation at once of single cases from others, in every case when required by the Medical Officers, is different from such imaginary ‘isolation,’ and — as the Committee have long

been aware, — the means for it have not yet been provided.

However slight the materials forming the foundation on which his opinions and theories are raised, — and however irregular, and uncourteous to a large majority of the Medical Officers, the mode in which the enquiry was at first directed, and afterwards followed, — it will not have been without a beneficial effect, if . . . when they see there is so much that a Stranger finds to condemn, . . . it should produce in the Governors who take upon themselves the control of the House, a greater readiness than heretofore to seek, and to follow, the advice of those whose long experience of the Infirmary best enables them to give it.

‘In conclusion, I would remark,’ says a competent Observer¹, that the less the Medical Staff is interfered with, and the more they are trusted and encouraged by the Governing Authorities of any Hospital, so much the better will it be for the Patients committed to their charge, and for the credit and reputation of the Institution. Indeed I am persuaded of this, that in any Hospital, whether Civil or Military, the greatest success will follow in the train of that wisdom which confides the most in, and meddles the least with, those men who devote so great a portion of their time and experience, with much zealous care and anxiety, to the relief of suffering and disease in every shape and form.’

¹ J. TUDOR, The Hygienic condition of the Dreadnought Hospital Ship, *The Lancet*, 9 April, 1859.

In the words of a well-known writer², who has only lately been taken from us, —

‘The success of the treatment of the Sick in Hospitals depends less on the remedial means than on the care, the vigilance, the regularity, and the order, with which service is performed. Without that order, the Sick run the greatest risks, even in the hands of the most able and the most practised. . . .

‘Provided always, that the Medical Staff be well chosen, it may be said of all Hospitals, Civil and Military, — whether we regard the credit of the Institution, or the welfare of its Inmates, that the less interference, — the more the Executives are trusted by the Governing Power, — the better.

‘By the exhibition of a just confidence the Governing Body will secure in the Medical Staff that chastened zeal which has useful result for its object, and avoid that greatest curse of intermeddling, — a cold performance of duty. Under a wise course of treatment we shall secure a cheerful system of subordination, and a progressive responsibility, without which no Hospital, whether Civil or Military, can prosper. To unite men of like dispositions and pursuits, and make them co-operate for the public good, is to turn their talents to the greatest advantage.’

I have the honor to be,

MY LORD DUKE, AND GENTLEMEN,

Your faithful servant,

E. L. HUSSEY.

8, *St. Aldate's*, April 1875.

² SIR RANALD MARTIN, *On Hospitals*, Holmes's Syst. of Surgery, v. 1030. 1.

